

California Resident Income Tax Return 1999

FORM

540

Fiscal year filers only: Enter month of year end: month _____ year 2000.

Step 1

Place
label here
or printName
and
Address

Your first name

Initial

Last name

If joint return, spouse's first name

Initial

Last name

Present home address — number and street including PO Box or rural route

Apt. no.

PMB no.

City, town, or post office

State

ZIP Code

P
AC
A
R
RP

Step 1a SSN

Your social security number

Spouse's social security number

IMPORTANT:Your social security number
is required.

Step 2

Filing Status

Fill in only one.

- 1 ☐ Single 2 ☐ Married filing joint return (even if only one spouse had income)
- 3 ☐ Married filing separate return. Enter spouse's social security number above and full name here _____
- 4 ☐ Head of household (with qualifying person). STOP. See instructions.
- 5 ☐ Qualifying widow(er) with dependent child. Enter year spouse died 19 _____.

Step 3

Exemptions

Attach check or
money order here.

- 6 If your parent (or someone else) can claim you (or your spouse, if married) as a dependent on his or her tax return, even if he or she chooses not to, fill in this circle ● 6 ☐
- For line 7, line 8, line 9, and line 11: Multiply the amount you enter in the box by the pre-printed dollar amount for that line.
- 7 **Personal:** If you filled in 1, 3, or 4 above, enter 1 in the box. If you filled in 2 or 5, enter 2 in the box. If you filled in the circle on line 6, see instructions 7 ☐ X \$72 = \$ _____
- 8 **Blind:** If you (or if married, your spouse) are visually impaired, enter 1; if both, enter 2 8 ☐ X \$72 = \$ _____
- 9 **Senior:** If you (or if married, your spouse) are 65 or older, enter 1; if both, enter 2 ● 9 ☐ X \$72 = \$ _____
- 10 Add line 7 through line 9. This is your total exemption credit before the dependent exemption credit 10 **Total** \$ _____
- 11 **Dependents:** Enter name and relationship. Do not include yourself or your spouse.

_____ Total dependent exemption credit 11 ☐ X \$227 = \$ _____

Step 4

Taxable Income

Attach copy of your
Form(s) W-2, W-2G,
1099-R, and other
Forms 1099 showing
California tax
withheld.

- 12 State wages from your Form(s) W-2, box 17 ● 12 _____
- 13 Enter federal adjusted gross income from Form 1040, line 33; Form 1040A, line 18;
Form 1040EZ, line 4, or TeleFile Tax Record, line I 13 _____
- 14 California adjustments — subtractions. Enter the amount from Schedule CA (540), line 33, column B ● 14 _____
Caution: If the amount on Schedule CA (540), line 33, column B is a negative number, see instructions.
- 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 _____
- 16 California adjustments — additions. Enter the amount from Schedule CA (540), line 33, column C ● 16 _____
Caution: If the amount on Schedule CA (540), line 33, column C is a negative number, see instructions.
- 17 California adjusted gross income. Combine line 15 and line 16 ● 17 _____
- 18 Enter the **larger of:** { Your California **itemized deductions** from Schedule CA (540), line 40; **OR**
Your California **standard deduction** shown below for your filing status:
• Married filing joint, Head of household, or Qualifying widow(er) \$5,422
• Single or Married filing separate \$2,711
(Dependent of someone else and filled in the circle on line 6 See instructions) ● 18 _____
- 19 Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0- 19 _____

Step 5

Tax

- 20 Tax. Fill in circle if from ☐ Tax Table ☐ Tax Rate Schedule ☐ FTB 3800 or ☐ FTB 3803 ● 20 _____
Caution: If under age 14 and you have more than \$1,400 of investment income, read the line 20 instructions to see if you must attach form FTB 3800.
- 21 Exemption credits. If your federal AGI is more than \$119,813, see instructions. Otherwise, add line 10 and line 11 and enter the result on line 21 21 _____
- 22 Subtract line 21 from line 20. If less than zero, enter -0- 22 _____
- 23 Tax. Fill in circle if from ☐ Schedule G-1, Tax on Lump-Sum Distributions
☐ form FTB 5870A, Tax on Accumulation Distribution of Trusts ● 23 _____
- 24 Add line 22 and line 23. Continue to Side 2 24 _____

Step 6

Special Credits and Nonrefundable Renter's Credit

25	Amount from Side 1, line 24	25
28	Enter credit name _____ code no _____ and amount	28
29	Enter credit name _____ code no _____ and amount	29
30	To claim more than two credits, see instructions	30
31	Nonrefundable renter's credit. See instructions for "Step 6"	31
33	Add line 28 through line 31. These are your total credits	33
34	Subtract line 33 from line 25. If less than zero, enter -0-	34

Step 7

Other Taxes

35	Alternative minimum tax. Attach Schedule P (540)	35
36	Other taxes and credit recapture. See instructions	36
37	Add line 34 through line 36. This is your total tax	37

Step 8

Payments

38	California income tax withheld. Enter total from your 1999 Form(s) W-2, W-2G, 1099-MISC, and 1099-R. Also attach the form(s) to Side 1	38
39	1999 CA estimated tax and amount applied from your 1998 return. Include the amount from form FTB 3519 or Schedule K-1 (541)	39
41	Excess SDI. See instructions	41
42	Add line 38 through line 41. These are your total payments	42

Step 9

Overpaid Tax or Tax Due

43	Overpaid tax. If line 42 is more than line 37, subtract line 37 from line 42	43
44	Amount of line 43 you want applied to your 2000 estimated tax	44
45	Overpaid tax available this year. Subtract line 44 from line 43	45
46	Tax due. If line 42 is less than line 37, subtract line 42 from line 37	46

Step 10

Contributions

47	Contribution to California Seniors Special Fund. See instructions	47
48	Alzheimer's Disease/Related Disorders Fund	48
49	California Fund for Senior Citizens	49
50	Rare and Endangered Species Preservation Program	50
51	State Children's Trust Fund for the Prevention of Child Abuse	51
52	California Breast Cancer Research Fund	52
53	California Firefighters' Memorial Fund	53
54	California Public School Library Protection Fund	54
55	D.A.R.E. California (Drug Abuse Resistance Education) Fund	55
56	California Mexican American Veterans' Memorial	56
57	Emergency Food Assistance Program Fund	57
58	California Peace Officer Memorial Foundation Fund	58
59	Birth Defects Research Fund	59
60	Add line 47 through line 59. These are your total contributions	60

Step 11

Refund or Amount You Owe

61	REFUND OR NO AMOUNT DUE. Subtract line 60 from line 45. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0000	61
62	AMOUNT YOU OWE. Add line 46 and line 60. Make a check/money order payable to "Franchise Tax Board" for the full amount. Write your social security number and "1999 Form 540" on it. Attach it to the front of your Form 540 and mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001	62

Step 12

Interest and Penalties

63	Interest, late return penalties, and late payment penalties	63
64	Underpayment of estimated tax. Fill in circle: <input type="radio"/> FTB 5805 attached <input type="radio"/> FTB 5805F attached	64
65	If you do not need California income tax forms mailed to you next year, fill in circle	65

Step 13

Direct Deposit Information

Routing number	
Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/>	Account number

Sign Here

It is unlawful to forge a spouse's signature.

Joint return? See instructions.

IMPORTANT: See "Sign Your Return" in the Form 540 instructions to find out if you should attach a copy of your complete federal return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Your signature	Daytime phone number
X _____	() + + + + +
Spouse's signature (if filing joint, both must sign)	
X _____	
Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)	Date
_____	_____
Firm's name (or yours if self-employed)	Paid preparer's SSN/FEIN/PTIN
_____	_____
Firm's address	
